Mad in America
SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE

Who Do We Leave Behind When We Ignore the Body? Why Critical Neuroscientists and Mad Activists Must Work Together

By **Jazmine Russell** - May 2, 2024

A recent *Neuroscience News* article is titled "Bipolar disorder can be detected with blood test."[1] This is one of many recent, oversimplified headlines that encourage us to think we are on the brink of discovering the next biomarker that will scientifically validate biomedical psychiatric disorders. The prevailing logic goes: if we can validate biometric tests that are clinically predictive of mental health concerns like in other medical fields, we can more precisely, effectively, and without (solely) subjective clinical observation, treat the malady. This is a lofty goal in psychiatry, and the suggestion that we are just on the verge of the solution is the message we've been sold for over three decades, with very little evidence to show for it.

After decades of research yielding little clinical or practical application, many critical clinicians across disciplines believe the biomarker search is fruitless. Some neuroscientists argue that we should rather focus our efforts on the upstream social and structural factors, such as trauma and inequity, that create the conditions for mental health concerns to arise. Psychiatrist Awais Aftab argues that "biomarkers can be approached in a more conceptually robust manner," skeptical to the idea that biomarkers can be used to validate pre-defined diagnostic categories, but nonetheless advocating for a more integrative approach. Should we give up the search for biomarkers altogether? If we do, who might we be leaving behind?

The biomarker debate is one of many that opens up many questions about the relationship between the mind and body in mental health. Perhaps one of the most insidious barriers to truly supportive treatment is that psychiatry is stuck in an identity crisis, facing deep philosophical conundrums. On the one hand, the biopsychosocial model is the most proliferated, which in theory acknowledges psychological and societal factors alongside biological ones, but slapping these three domains together within one model does little to elucidate the interplay between them. Meanwhile in research and practice, it operates more often than not as a "bio bio bio model."

Both traditional and critical psychiatry have long histories of separating people into two camps: those with "organic" disorders or brain diseases (e.g. autoimmune encephalitis or Parkinson's) that can cause severe psychological impacts typically fall under neurology's purview, and those with "psychological" or functional origins (e.g. depression and bipolar) are considered psychiatry's domain. However, the boundaries of organic and psycho genesis are far too blurry for this dichotomy to be a very useful way of categorizing mind-body concerns. For us to be able to move forward in a non-reductive, non-pathological, and holistic way, psychiatry will have to sort out its philosophy on the relationship between the mind and body.

The mind-body problem in psychiatry has very real implications for those who

suffer at the intersection of mental health and chronic illness, which is a much larger group than one might expect. Studies show that up to 74% of people who are diagnosed with a psychiatric condition also have a chronic physiological illness, as well as higher rates of mental health conditions in chronic illness populations. The majority of psychiatrized people are also multiply marginalized, and often trauma survivors. Studies show that experiences of trauma and PTSD are associated with developing chronic health issues *and* other mental health diagnoses.

People often interpret this interaction through a reductionist lens in regards to the mind and body, asserting that one is simply mentally ill because they're physically sick or disabled, or they're sick and disabled because they're mentally ill. This creates an insidious feedback loop that does little to identify underlying causes of suffering. The reality is often far more complex and indicates the importance of elucidating how the body-mind manifests ill health and how these interactions between what we call 'mind' and 'body' occur. Both mental and physical health conditions arise from a set of multiple factors, many of which can be said to manifest from a sick society and a system that's designed for ill health.

Anecdotally, in my own practice as a holistic counselor, I have worked with a substantial number of people at this intersection. I have seen those whose chronic Lyme disease manifested predominantly in anxiety, panic, and compulsions, those whose hallucinations seemed to begin at the same time as a major trauma and the onset of a debilitating autoimmune disease, those whose delusions and paranoia and mania stopped when they were treated for celiac disease and addressed food allergies, and those whose depression lessened dramatically after they treated chronic inflammation. My own lived experience reflects a similarly complex interplay between childhood and developmental complex trauma, autoimmunity, and psychosis.

It would be far too reductionist to propose any kind of singular model to explain these overlaps, and yet the health outcomes for those of us who simultaneously suffer mentally and physically depend on our ability to make sense of these experiences. Traditional biomedical psychiatry, intent on finding biomarkers, seems to be uninterested in truly supporting those who find themselves at the

intersection of multiple chronic health concerns. Nor does the field seem amenable to seeing mental health conditions as manifestations of broader social and physiological dysfunction, rather than discrete disorders themselves. The survival of psychiatrized people may just depend on it.

This is a crucial time of transition for psychiatry, and current developments are occurring beneath the public's awareness. New(er) projects in psychiatry have emerged such as the Research Domain Criteria (RDoC) by the NIMH, which seeks to redefine diagnostics from a dimensional approach instead of the statistically unreliable, outdated and invalid DSM categories, and precision psychiatry, which aims to use multiple biomarker tests to individualize treatment protocols. The push to individualize care rather than give everybody the same medication and treatment, and to move beyond the DSM, are productive goals. Both indicate a willingness to learn from past mistakes and shortcomings, but not enough to truly reconsider foundational assumptions about how mental health concerns manifest. Many wonder: is it possible these are simply examples of traditional disease-centered approaches dressed up in new clothes?

Over the last few decades, two related and emergent medical disciplines have advanced useful and practical insights for mental health treatment: functional psychiatry and psychoneuroimmunology. Psychoneuroimmunology is a medical discipline that examines the links between brain health, the immune system, nervous system, endocrine system, and mental health. Prominent researchers in this field such as Edward Bullmore, head of psychiatry at Cambridge University, have found immune dysfunction and inflammation underlying experiences labeled depression and schizophrenia. Additionally, a 2023 study in *JAMA* found that "poor body health, particularly of the metabolic, hepatic and immune systems, was a more marked manifestation of mental illness than brain changes," showing the need to look beyond the brain and to other body systems to identify ways to support those with mental health concerns.

Functional psychiatry looks for the multiple underlying roots of mental health issues, as illustrated by the field's tagline: "one condition, many causes; one cause, many conditions." For example, a condition like depression can both contribute to, and be caused by, multiple other health conditions. A functional

psychiatrist may consider one patient's depression to be the compounding result of childhood trauma and hypothyroidism, and another's to be the result of metabolic issues, autoimmunity, and food allergies. While these fields have made astounding advancements in complicating traditional biomedical psychiatry narratives, they remain largely inaccessible to the public for a whole host of systemic reasons. They also tend to rely at times on scientifically invalid tests due to lack of adequate research funding, and treatment remains inaccessible due to lack of coverage from insurance. While these models are steps in the right direction, they don't resolve systemic issues that contribute to poor whole-body health.

Clinical psychologist Bruce Levine observes that, "once radical critiques of psychiatry are now mainstream." Although a growing number of people are aware of problems with psychiatric treatment, what remains taboo is challenging fundamental assumptions that equate mental health concerns with biomedical disorders. Contemporary mad movement activists have worked tirelessly to illuminate the influence of social and structural dynamics on ill health, highlighting racism, classism, and colonial capitalism's role in how we come to conceptualize what's 'normal', and the carceral nature of mental health 'treatment' of those who are suffering. As critical lenses in mental health become more popularized across social media and pollinate adjacent movements, it becomes more important than ever that we bring awareness to all the factors that lead to mind-body suffering and chronic disability. It's crucial that we include the whole body in our analysis of mental health.

Decades of dominant biomedical rhetoric that reduces mental health concerns to mere imbalances in neurotransmitters have led to a polarized environment, where critical resistance can also remain tethered to a narrow framework, even in its opposition to it. The dialogue around biomedical psychiatry all too often presents a false dichotomy: mental health concerns are either rooted in the brain or society. We can and should continue to locate the dysfunction within society, but we can no longer afford to turn a blind eye to biological dysfunction as intricately tied to societal dysfunction. If we are too willing to throw biology and the body out the window, I fear that we've left ourselves out of crucial conversations and will exacerbate the harm done to those who suffer at the intersection of mental and physical health concerns and disability. It's our

responsibility to continue to complicate the narrative around root causes of mental health concerns, and ground in a mad and disability justice framework. We currently face an important opportunity to develop more holistic and generative frameworks for understanding the complex interplay between what we consider mental, biological, and societal. What if we can draw on critical neuroscience research to open up new pathways for those suffering?

Modern neuroscientific findings seem to actually bolster some critiques of the mad movement, such as the immense impact of our social environment on our mental health, and the brain's dynamic ability to heal and recover from neurological and mental health concerns. Rather than validating reductive biomedical science that narrowly considers genetics and neurotransmitters in isolation, broader neuroscience findings suggest a much different story about brains, bodies, and minds. Famous neuroscientist Lisa Feldmann Barrett debunks common myths and suggests better ways to understand our brain grounded in neuroscientific findings in her book *Seven and a Half Lessons of the Brain*. She explains that our brains are complex networks and there are multiple ways for the brain to realize any specific state of mind, a concept called degeneracy. Our brains have immense capacity to change, learn, and adapt to novel experiences, a popular concept called neuroplasticity.

Additionally, brains don't produce a single kind of 'normal' mind, and there doesn't seem to be a unifying human nature in regards to our ways of thinking and being; instead, our brains are primed for diversity and heterogeneity. Our emotions are not hardwired, innate features, nor are they located in distinct parts of the brain in opposition to 'rationality' or cognitive facets. Our highly complex brains evolved along with, and in direct relationship to, increasingly complex human bodies and organs, making other bodily systems intricately tied to the brain. And perhaps most meaningfully, our brains are formed by our environment, so much so that considering 'nature' as separate from 'nurture' is senseless, according to Barrett.

While there's naturally much debate about organizing principles of the brain, or how we should interpret emerging findings, many of the questions that neuroscientists are pondering open up space for questioning prior assumptions about the mind, emotions, and mental health. Ultimately, both traditional and

critical psychiatry communities will have to dramatically revise the still-dominant reductive theory of mind and mental 'illness.'

This process of elucidating the relationship between mind, body, and society, for the sake of evolving and improving treatment for mental and physical health, will require collaboration across fields and interdisciplinarity. We need more philosophers, neuroscientists, and lived experiencers working together to excavate previously held assumptions and propose better care. Cross-disciplinary work is especially crucial to avoid the pitfalls of dressing up old paradigms with new fancy labels.

Naturally, not all facets of mental difference or what gets labeled as "dysfunction" in the eyes of capitalist-driven norms will require medical attention. There's a way for us to honor neurodiversity, while also not leaving behind those who suffer from chronic illness and who desire support with whole body health. I don't dare to offer a complete or definitive solution to our problems, but I become increasingly curious how critical neuroscience can help the mad movement, and what a disability-justice centered neuroscience can look like in service of whole health.

Show 1 footnote

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